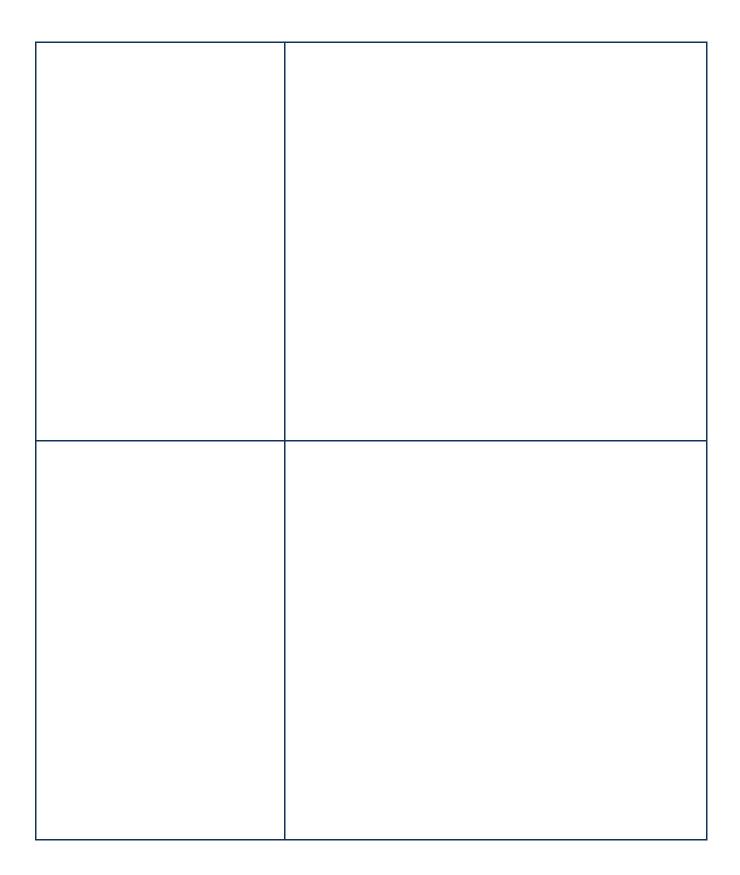


Behavior Intervention Plan

Client Name:		Date:
Date of Birth:		BCBA:
	Goal	
Target Behavior Definition		

Interventions		



Additional Strategies		